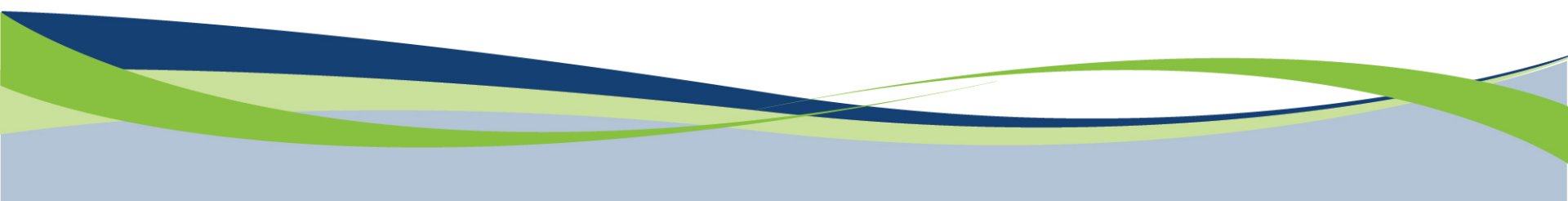


Public Health PBRN

Monthly Virtual Meeting

July 19, 2012



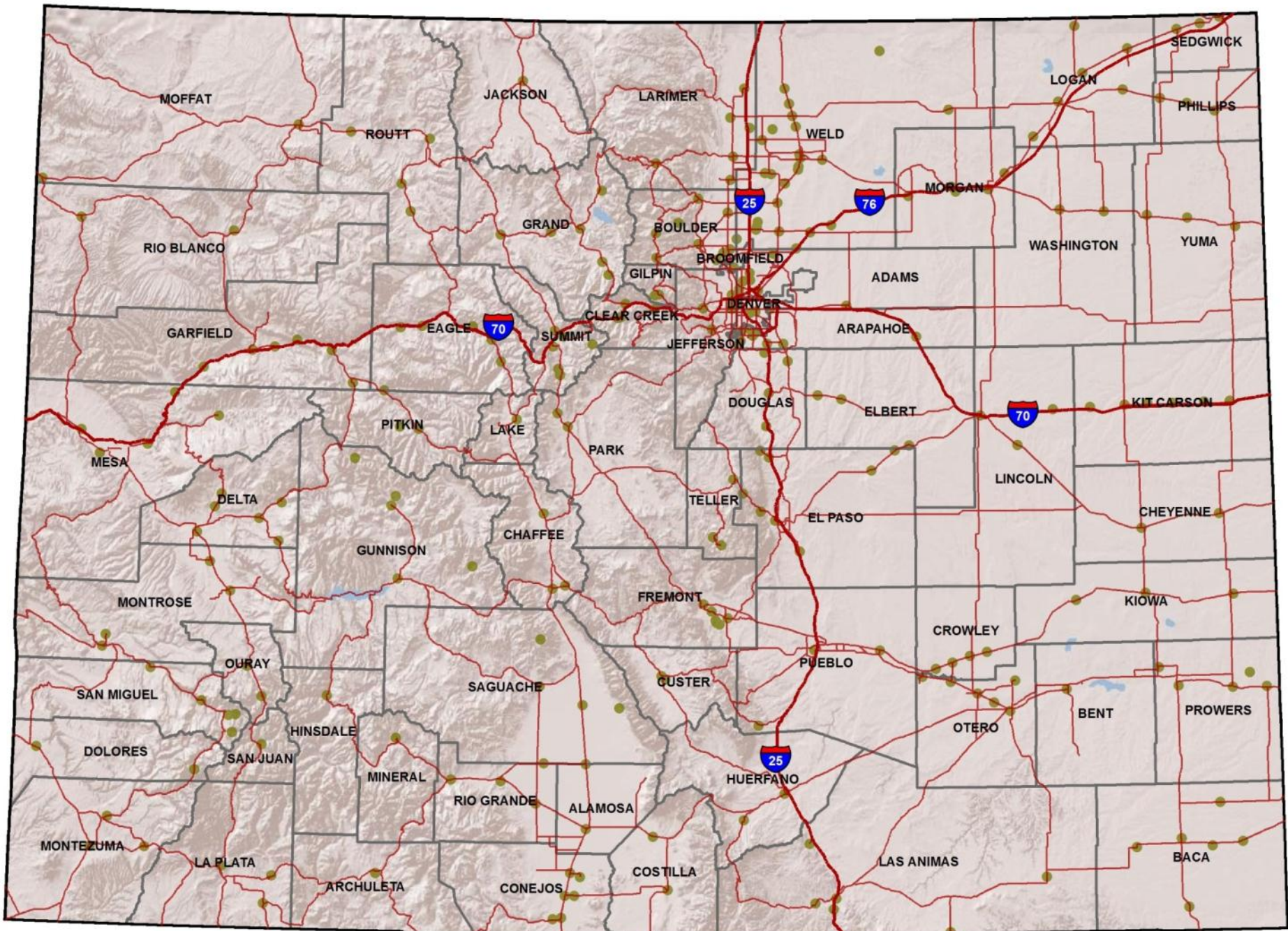
DYNAMIC SYSTEM CHANGES IN COLORADO: HOW COLORADO HAS CONCEPTUALIZED SYSTEM CHANGES AFTER THE PUBLIC HEALTH ACT OF 2008

Lisa VanRaemdonck, MPH, MSW
Public Health PBRN Virtual Meeting
July 19, 2012

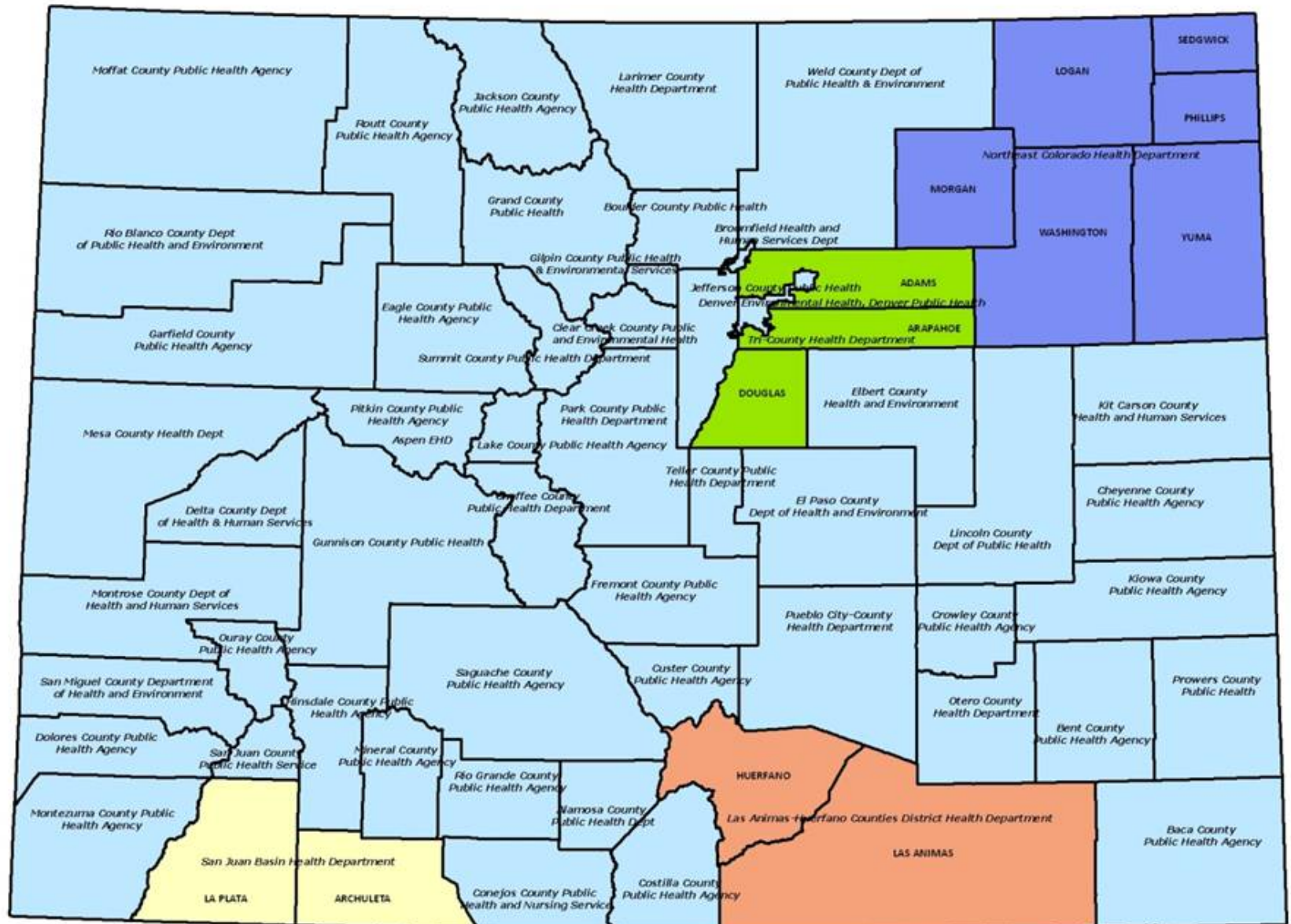
Colorado Public Health Overview

- Decentralized state
- County structure
- Local control is a fundamental value
- Boards of health - primarily elected officials (county commissioners)

- 54 LPHAs serving 64 counties
- Population range from 575 to 1.3 million
- Land size range from 32 sq. miles to 10,000 sq. miles
- Challenging topography



Colorado Local and District Public Health Agencies, July 2009



Colorado Public Health Act of 2008

- Early attempt at core services



Colorado Public Health Act of 2008

- Early attempt at core services
- Policy window opened in late 2007



Colorado Public Health Act of 2008

- Early attempt at core services
- Policy window opened in late 2007
- Rewrite 37+ pages of law



Colorado Public Health Act of 2008

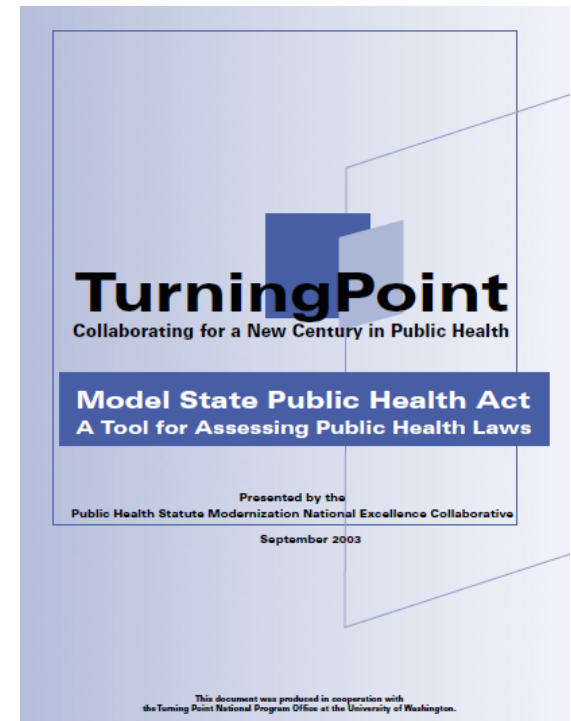
- Early attempt at core services
- Policy window opened in late 2007
- Rewrite 37+ pages of law
- Remove outdated provisions
 - Cholera, Dirty rags, TB



Ira M. and Peryle H. Beck Memorial Archives

Colorado Public Health Act of 2008

- Early attempt at core services
- Policy window opened in late 2007
- Rewrite 37+ pages of law
- Remove outdated provisions
 - Cholera, Dirty rags, Trains
- Use Turning Point Model State Public Health Act



Colorado Public Health Act of 2008

- Early attempt at core services
- Policy window opened in late 2007
- Rewrite 37+ pages of law
- Remove outdated provisions
 - Cholera, Dirty rags, Trains
- Use Turning Point Model State Public Health Act
- **Political situation causes compromises**



Colorado Public Health Act of 2008

- Early attempt at core services
- Policy window opened in late 2007
- Rewrite 37+ pages of law
- Remove outdated provisions
 - Cholera, Dirty rags, Trains
- Use Turning Point Model State Public Health Act
- Political situation causes compromises
- No time to think through *everything*



Key Provisions

- Nursing service/Health department TO local public health agencies
- Local board of health responsibilities and composition
- Public Health Fund creation
- State board of health responsibilities
- State public health improvement plan
- Local community health assessments
- Local community health improvement plans

Key Provisions

- Rule Promulgation
 - Minimum qualifications for a public health director
 - Core services
 - Standards
 - Funding formula for general fund/tobacco settlement dollars

Authority/Responsibility

Health Departments

- Broad public health services including EH

Nursing Services

- Nursing focused services
- Community health assessment (varied)

Anticipated Changes: Structural, services and activities, staffing, etc.

Local Boards of Health

- At least 5 members, appointed
 - Less than 100,000 jurisdiction = 3 members and can be commissioners only
- Must meet at least quarterly as board of health
- Administrative, Financial and Policy duties outlined in Act

Anticipated Changes: Increased meeting consistency, changed perception of role and responsibility

Local CHAs and CHIPs

- All LPHAs must create a community health assessment and community health improvement plan

Anticipated Changes: Every agency leads a CHA and completes a CHIP

Minimum Qualifications for Public Health Directors

- Master's degree
 - MPH, MPA or related degree recommended
- 5 years of public health experience
- 2 years of supervisory experience
- Waivers and Substitutions

Anticipated Changes: Increase in Master's prepared directors

Core Services

- More specific than 10 Essential Services
- More broad than programmatic list
 - Assessment, Planning, and Communication
 - Vital Records and Statistics
 - Communicable Disease Prevention, Investigation, and Control
 - Prevention and Population Health Promotion
 - Emergency Preparedness and Response
 - Environmental Health
 - Administration and Governance

Anticipated Changes: Change in service and activities mix

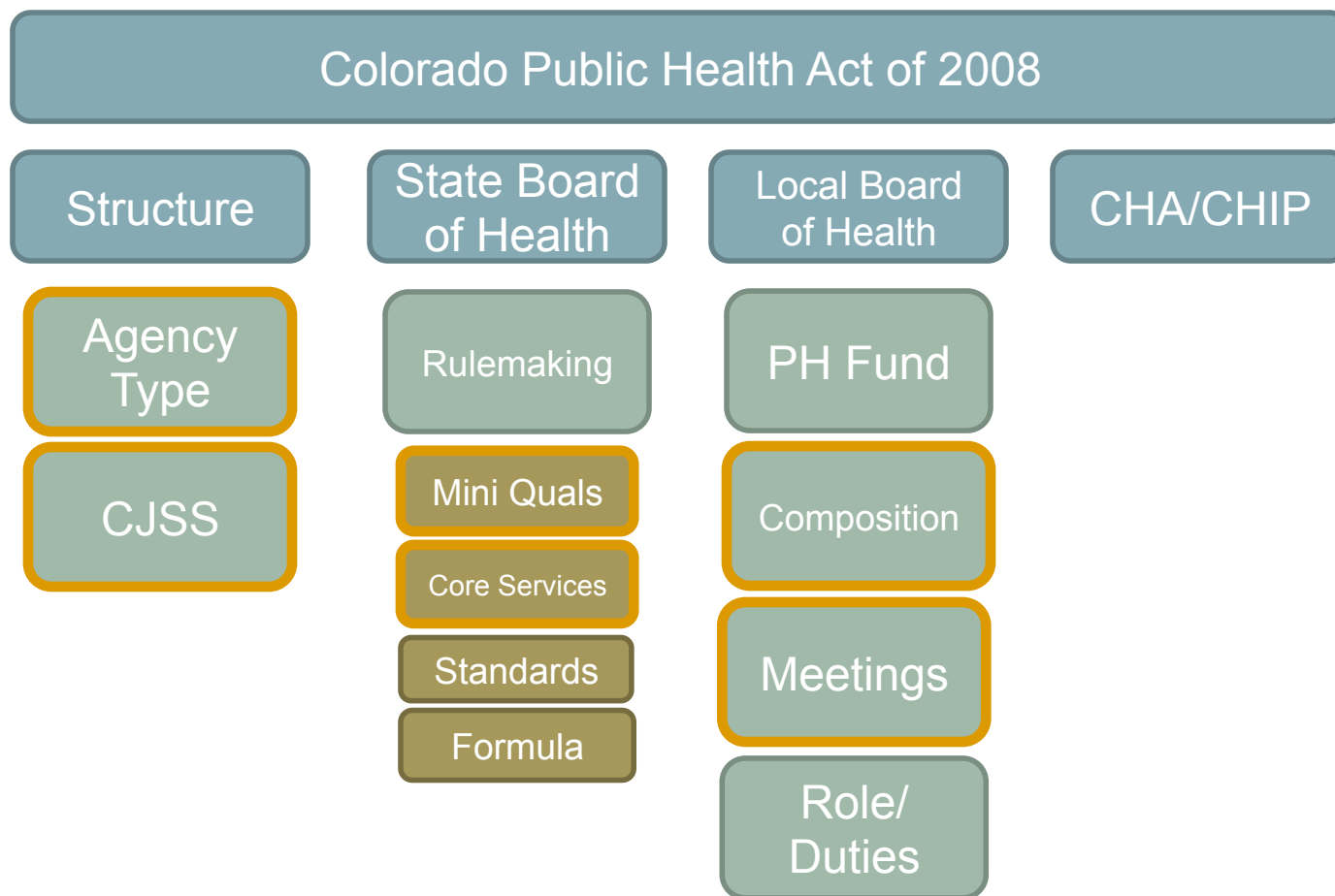
Standards

- PHAB Standards
- Stakeholder process in progress

Funding Formula

- General Fund and Tobacco Settlement
~ \$8,100,000
- Previous formula was based on NS or HD
- New formula based
 - Base for all
 - Tiers determined by core services provided
 - Measures need improvement
 - Baseline to ask for more funding

The Grand Natural Experiment



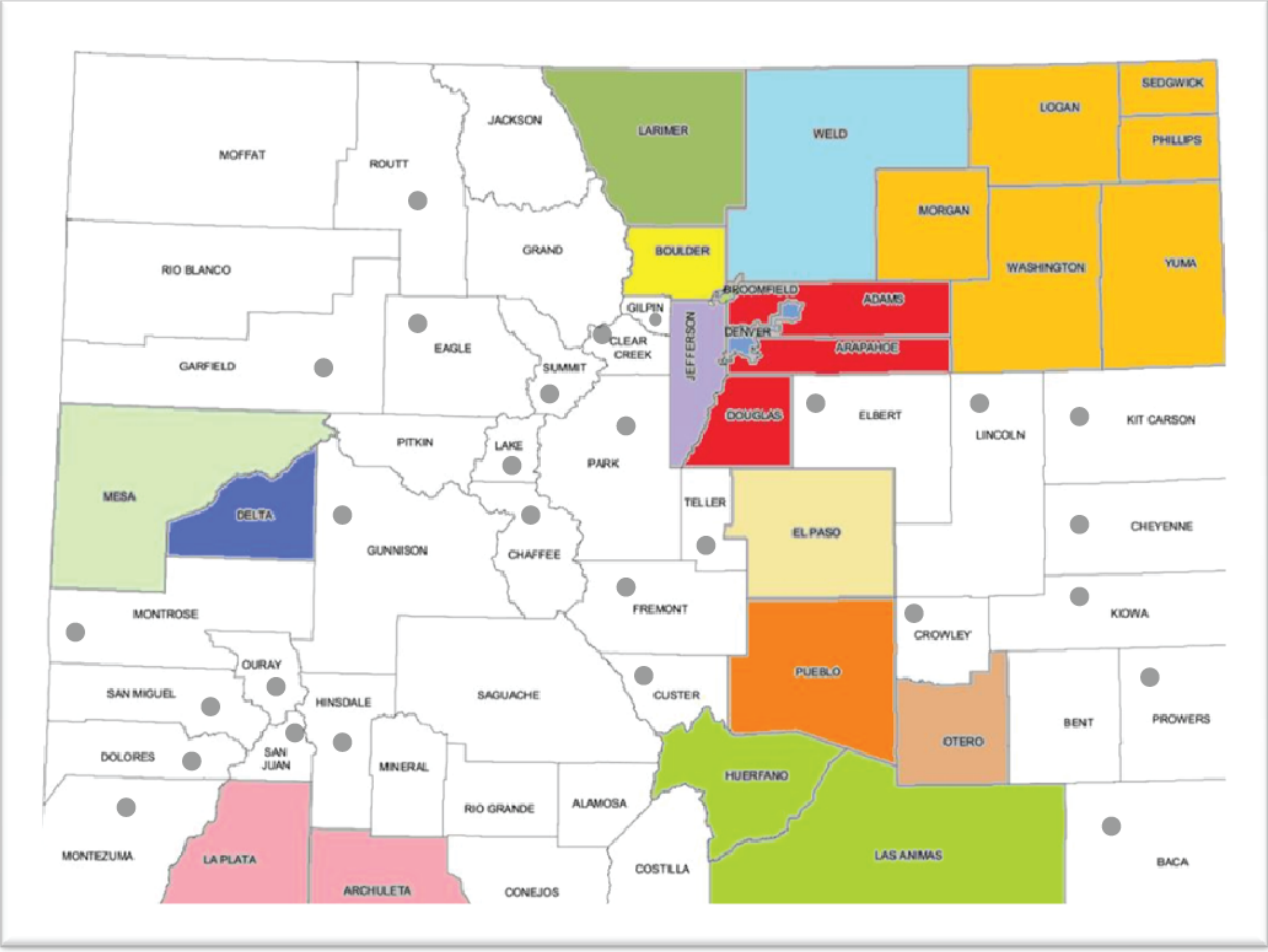
Data Sources: NACCHO Profile, Baseline Review, Annual Report, Primary data collection

PILOT PROJECT

Pilot Project

- Purpose
 - Observe and track changes in structure before the public health act, during and after implementation
- Methods
 - Select a set of measures to track structural changes before and after the public health act.
 - Collect/gather data from prior to the act and at future time points
- Data Sources
 - NACCHO Profile, Annual Report, Baseline Review

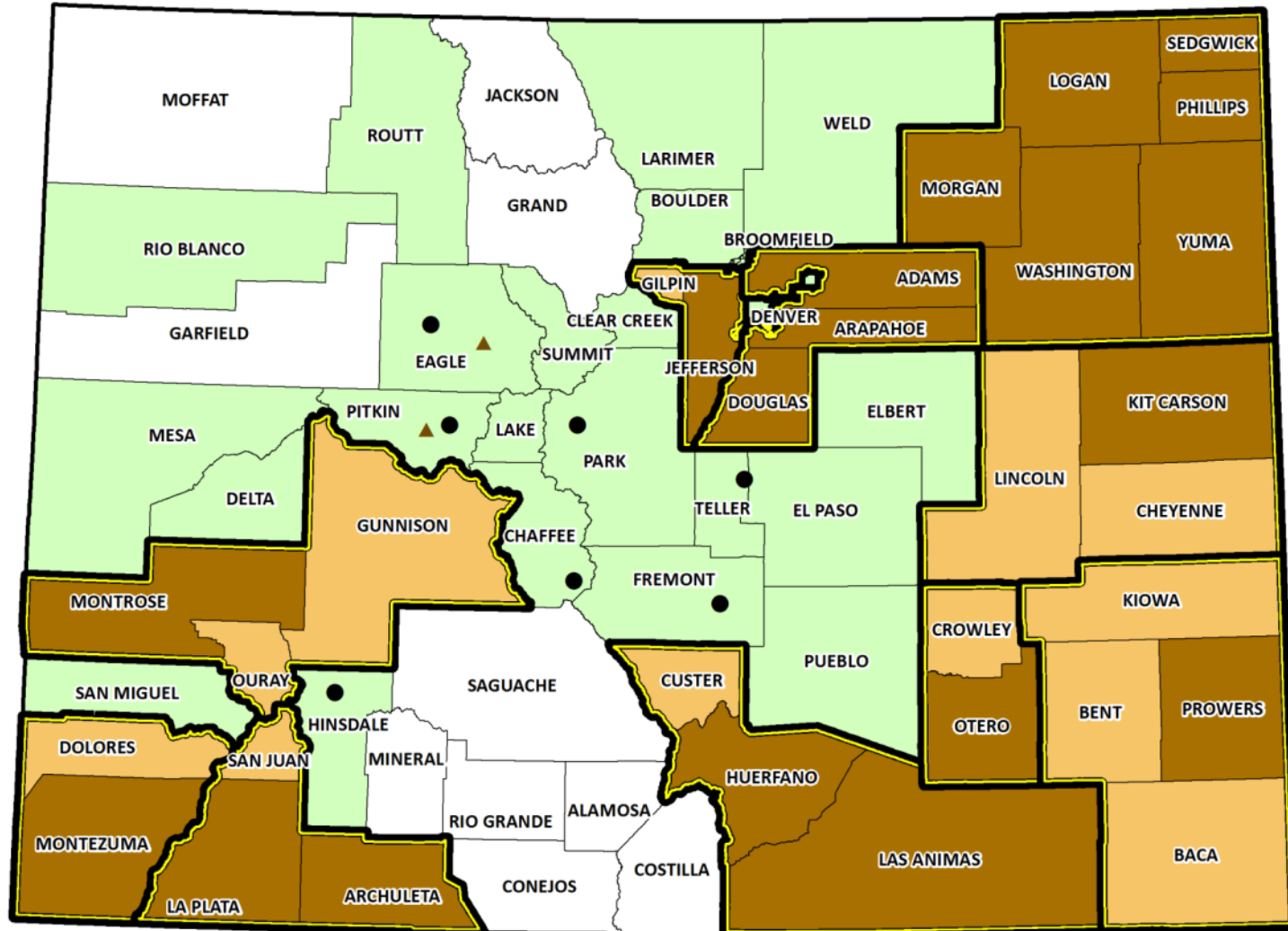
Colorado's structure in 2008, prior to the Act...



Colors: Organized Health Departments White: Nursing Services ● : Environmental Services

Consumer Protection February 2012

Food Safety, Child Care, and Facilities Inspections



- | | |
|--|--|
|  State Provides Services |  Receiving Services from Other County |
|  County Provides Services |  Providing Services to Multiple Counties |
|  Services Provided by Non-Local PH Agency |  City of Aspen and Town of Vail |

Influence of “Nursing Services”

- Staffing across state (aggregate)
 - % of nurses
2008 = 17%; 2010 = 16%
 - PH Director - nurses
2008 = 68%; 2010 = 64%
 - PH Director - masters prepared
2008 = 46%; 2010 = 44%

Community Health Assessments

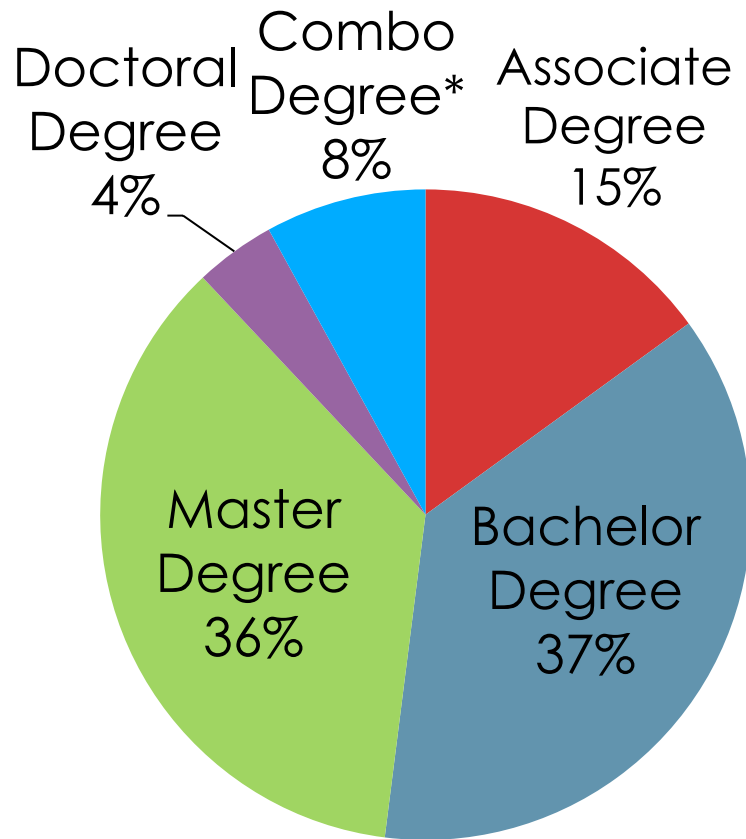
- All agencies will have led a CHA by the end of 2012
 - State-level process and timeline
- Between 2008 and 2011 more LPHAs led a CHA, as expected

Local Boards of Health

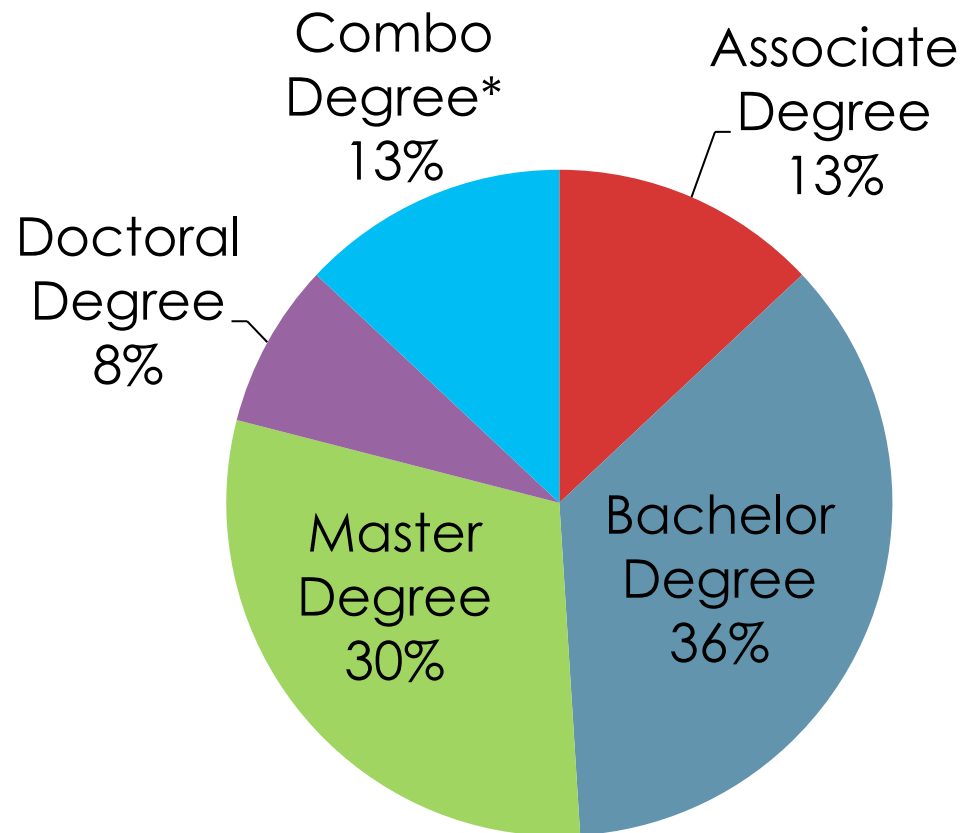
	2008	2010	Difference
One or more LBOH	97%	100%	3%
Hire or Fire Agency Head	50%	84%	34%
Approve the LPHA Budget	51%	82%	31%
Adopt public health regulations	64%	94%	30%
Set and impose fees	52%	86%	34%
Impose taxes for public health	22%	34%	12%

Director Minimum Qualifications: Education

2008

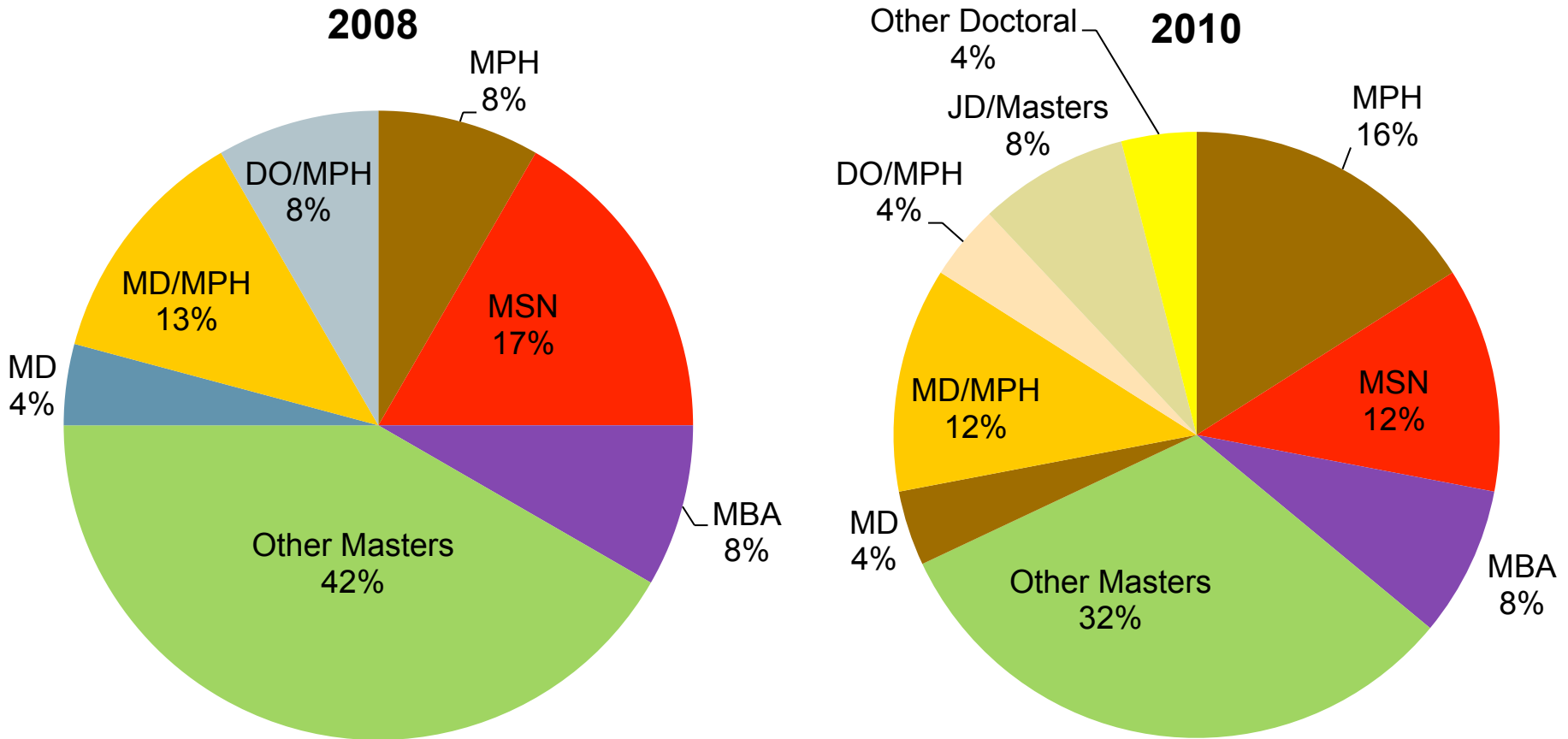


2010



*Combo Degree: Combination of Master/Doctoral Degree

Director Minimum Qualifications: Degree Type



*Refers to Master's Degrees other than an MPH, MSN, or MBA

Pilot Project

- Use
 - Tracking change
 - Observing unintended consequences
 - Celebrating successes and work
 - Informing other state-level partners
- Research Issues
 - Secondary measure changing
 - Evolutionary nature of change

REGIONAL APPROACHES PROJECT

CJSS Project

- Purpose
 - Catalog and understand use of legal tools in shared services arrangements
- Methods
 - Qualitative review of law
 - Survey
 - Key Informant Interviews
 - Mapping
- Data Sources
 - Primary data collection (continuing)

Phase 2 Findings

- Legal review
 - The Colorado Public Health Act of 2008 explicitly allows regional approaches in public health
 - One concern is the use of the term “assure”
 - Core Services rule defines
- Practice review
 - 73 clauses/provisions were tagged as having an impact
 - 52% explicitly encouraged
 - 23% implicitly encouraged
 - 20% discouraged
 - 5% other concerns

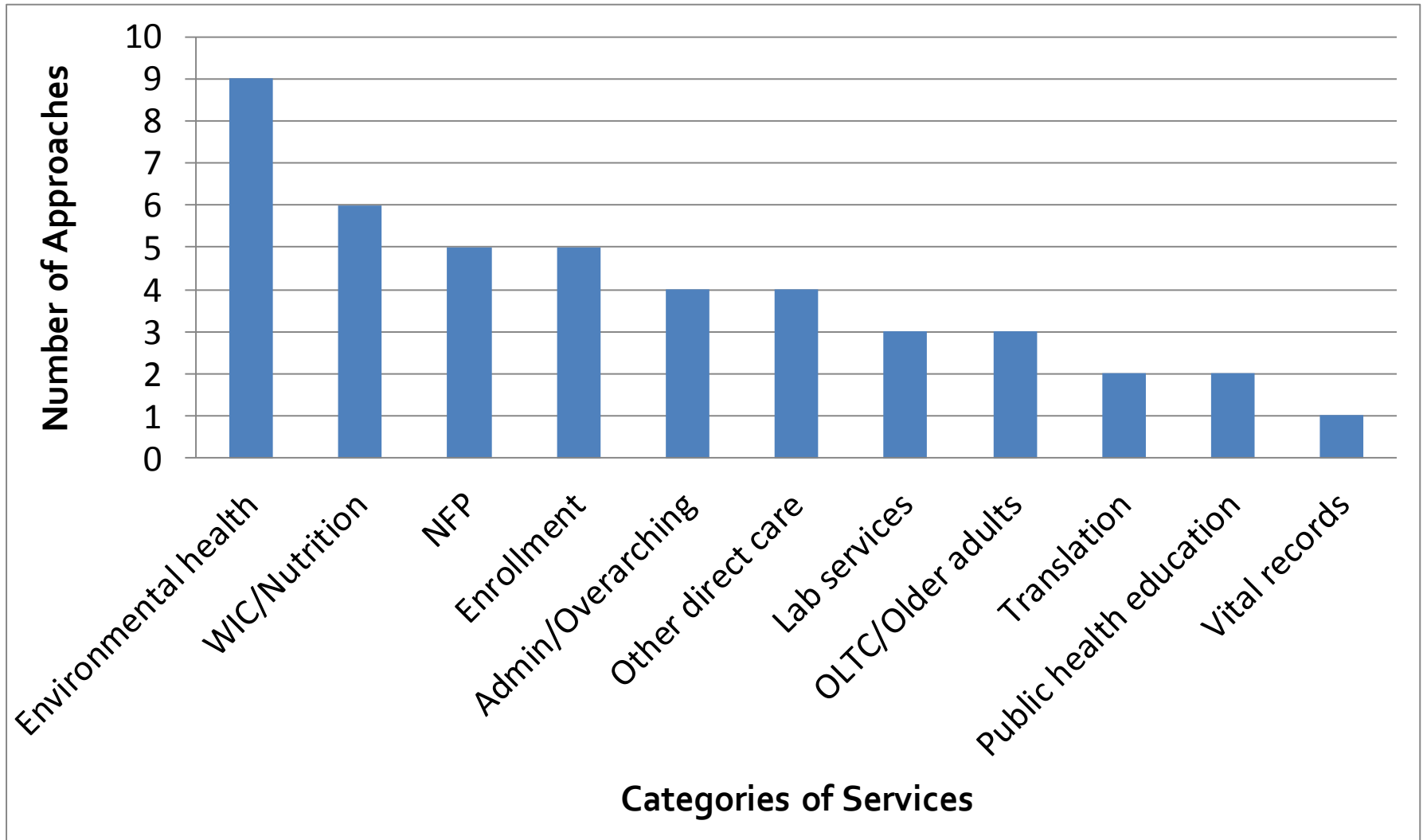
Phase 2 Findings

- Structure section is critical for establishing basic types of arrangements
 - Municipal, de-regionalization
- Planning section can counteract structure if plans are tied too closely to “agency”
- Funding and authority will always be tricky
- Consistent language/terminology is critical
- Interpretation and implementation may cause significant variation

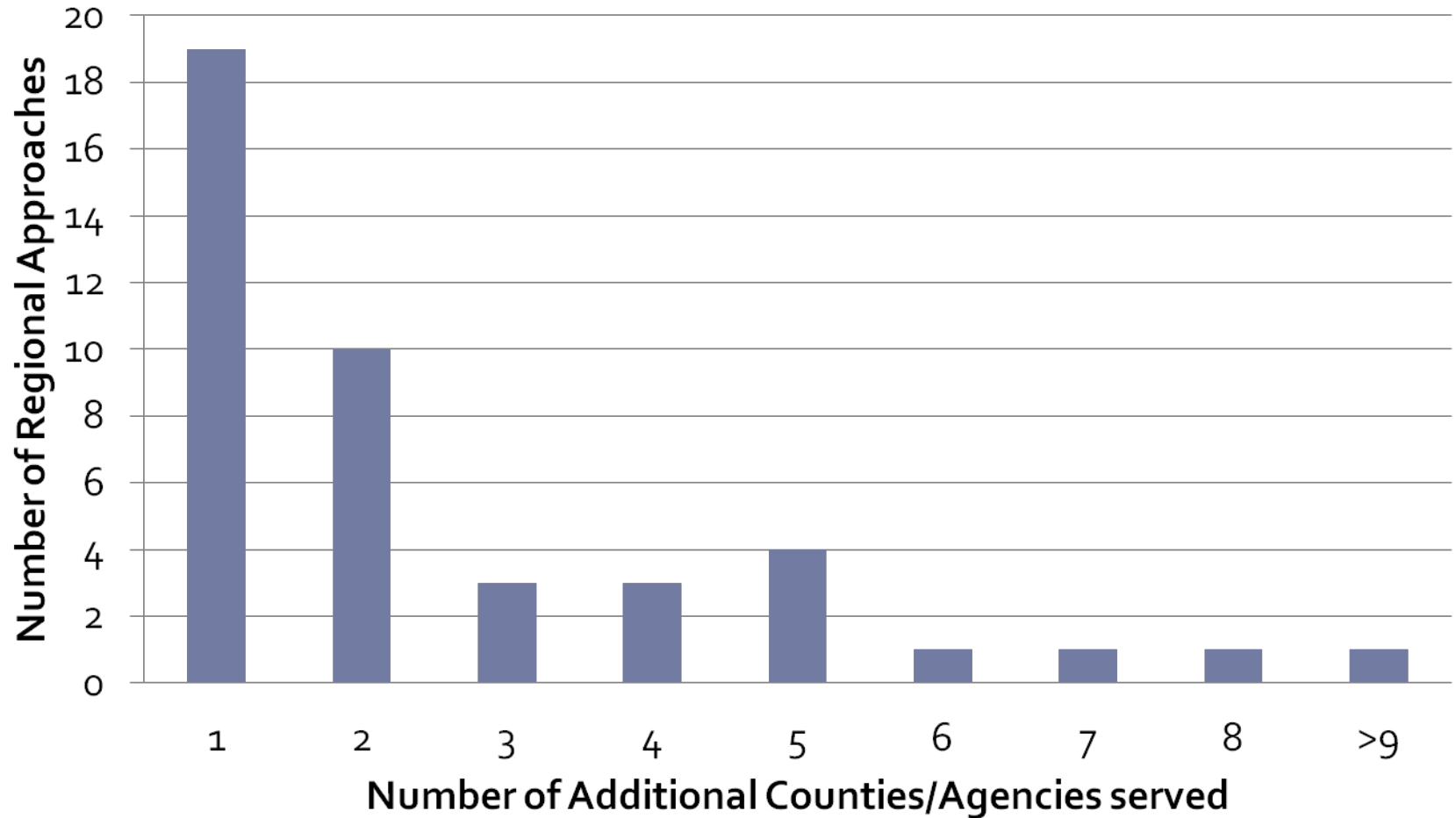
Phase 2 Findings

- Other concerns
 - Vague language regarding authority or responsibility
 - Use of term “local”
 - Coordinated planning is unclear
 - Inherent issues with authority and funding when sharing services
 - Statute allows, but may be difficult in practice

The Approaches



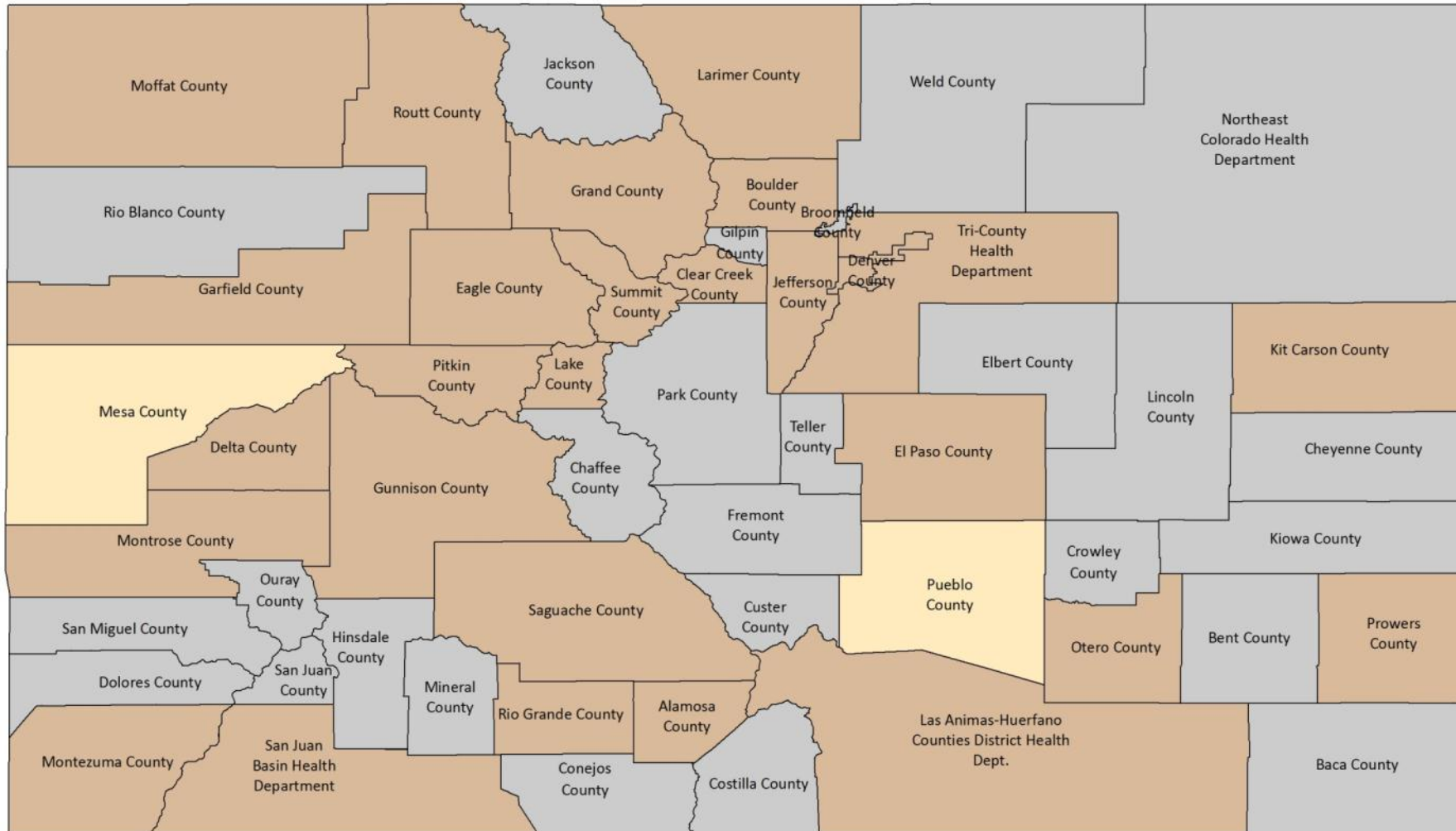
The Approaches



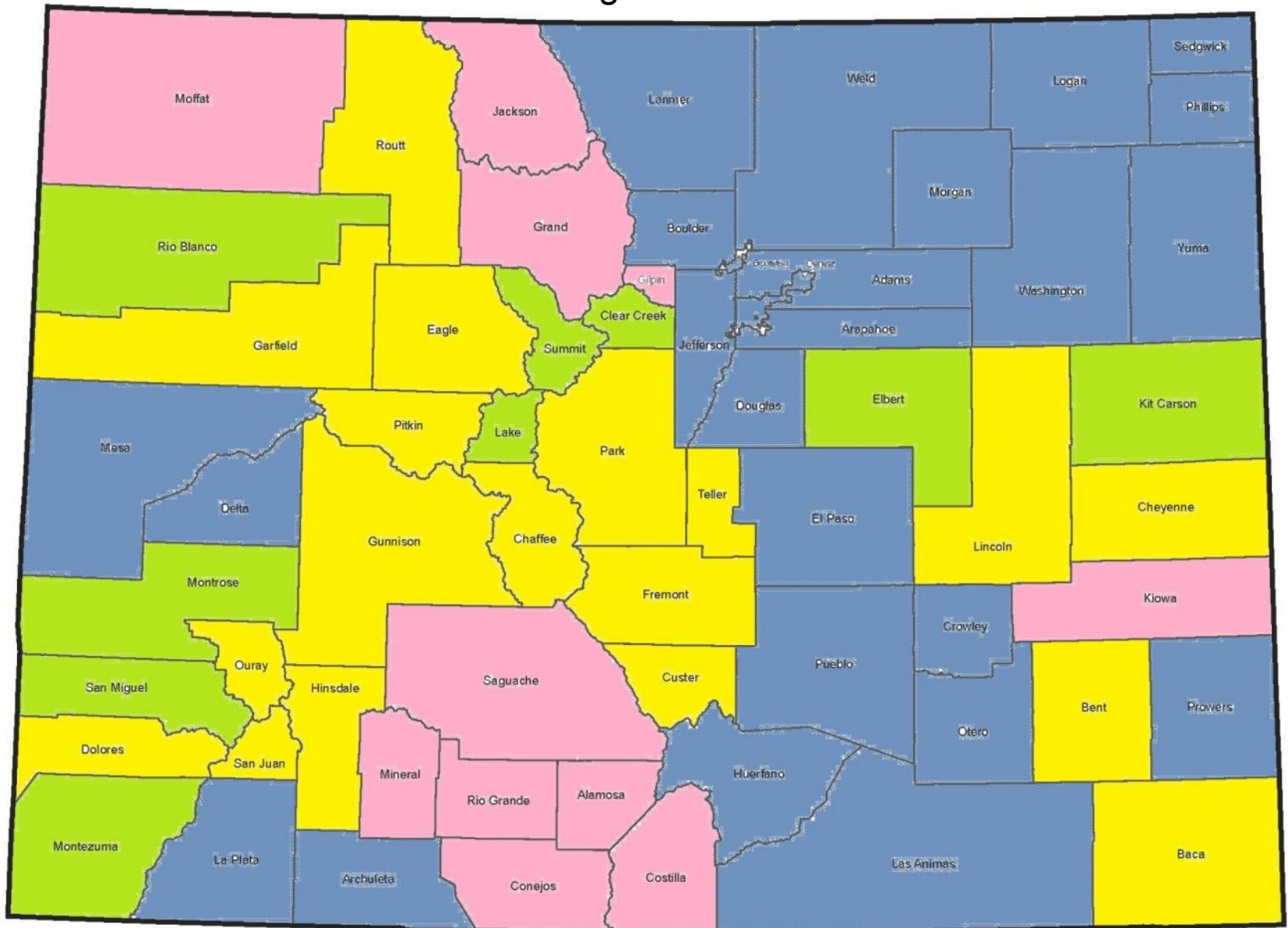
Colorado County Health Agency Regional Approach Roles

CALPHO
Colorado Association of Local Public Health Officials

Lead Partner Both



Funding Formula Tiers



Produced by the Colorado Department of Education Web Support Services Unit - May, 2007

 Tier 1

 Tier 2

 Tier 3

 Tier 4

Why and How the Approach Began

Top 3 Reasons for initiating:

1. Service not previously available (42%)
2. Funding provided (state-level) (27%)
3. Local champion (22%)

Who was involved in development:

Public health director (69%)

County commissioners (38%)

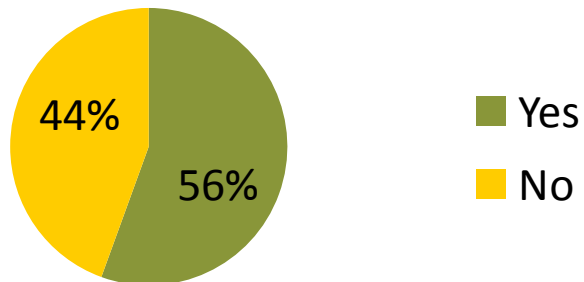
Community partners (20%)

Attorney (13%)

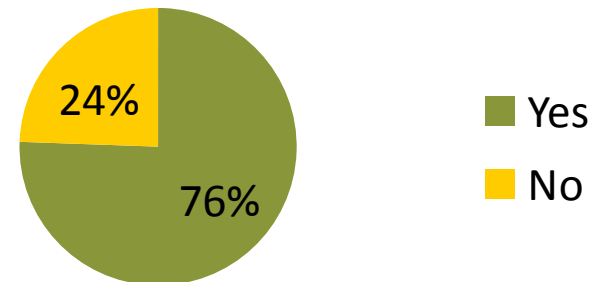
Human services director (13%)

Use of Legal Instruments

Began with legal instruments

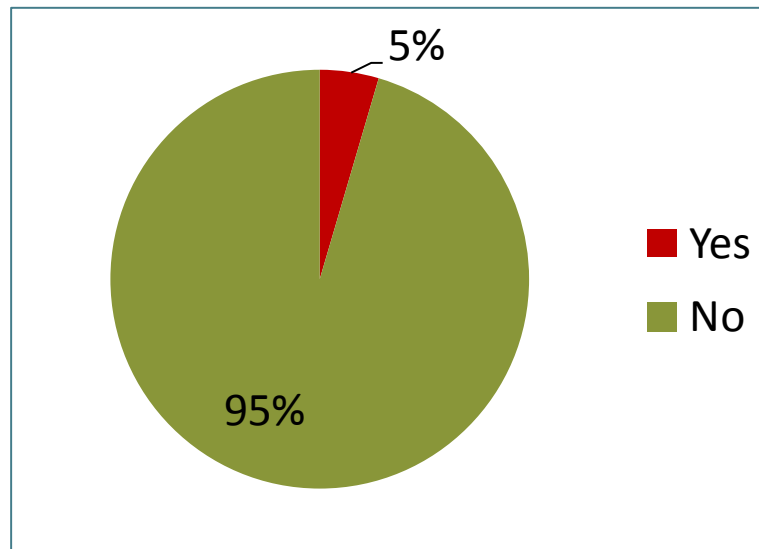


Maintained with legal instruments

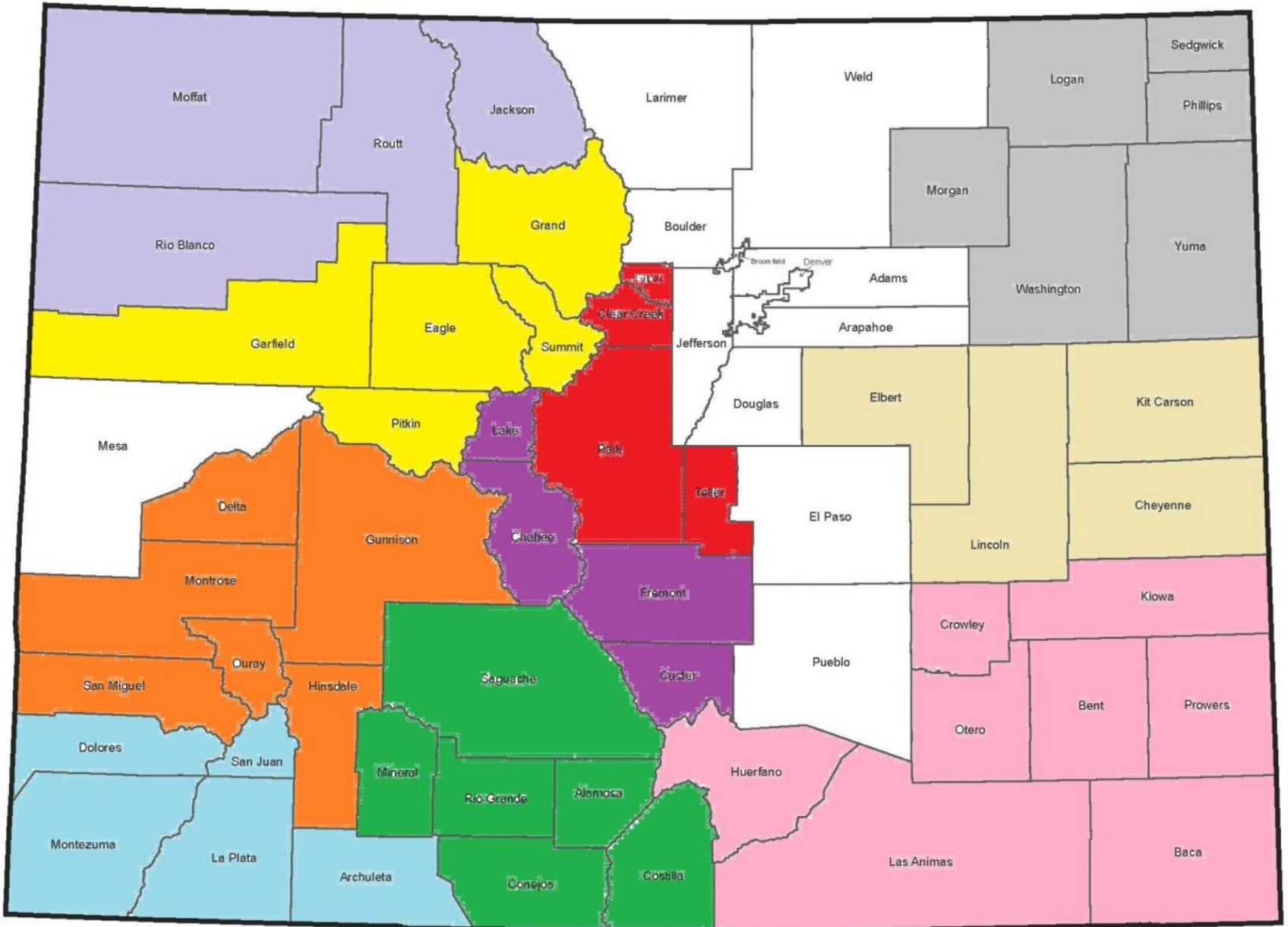


Current Legal Impediments

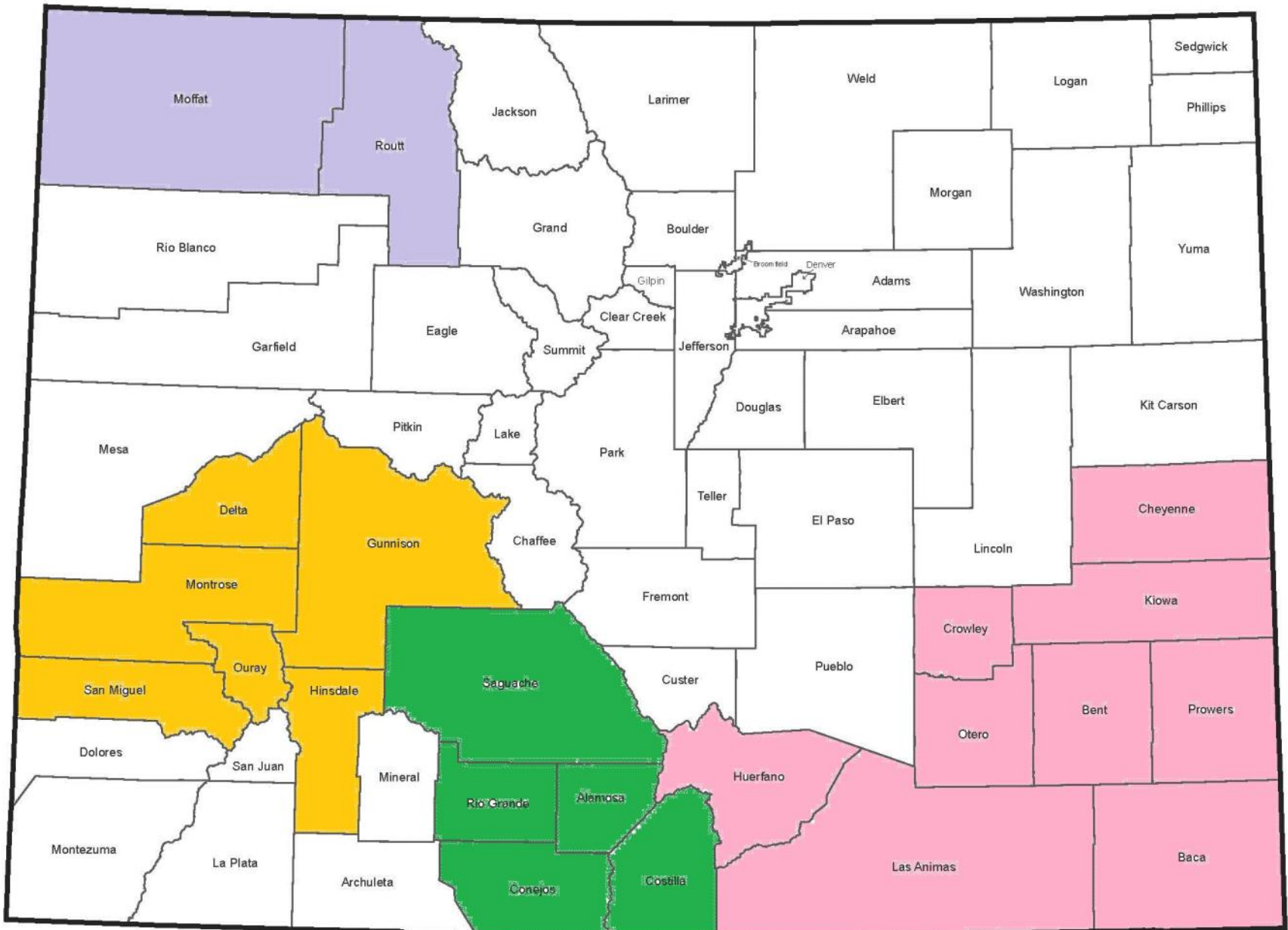
Are there any current legal issues that impede?



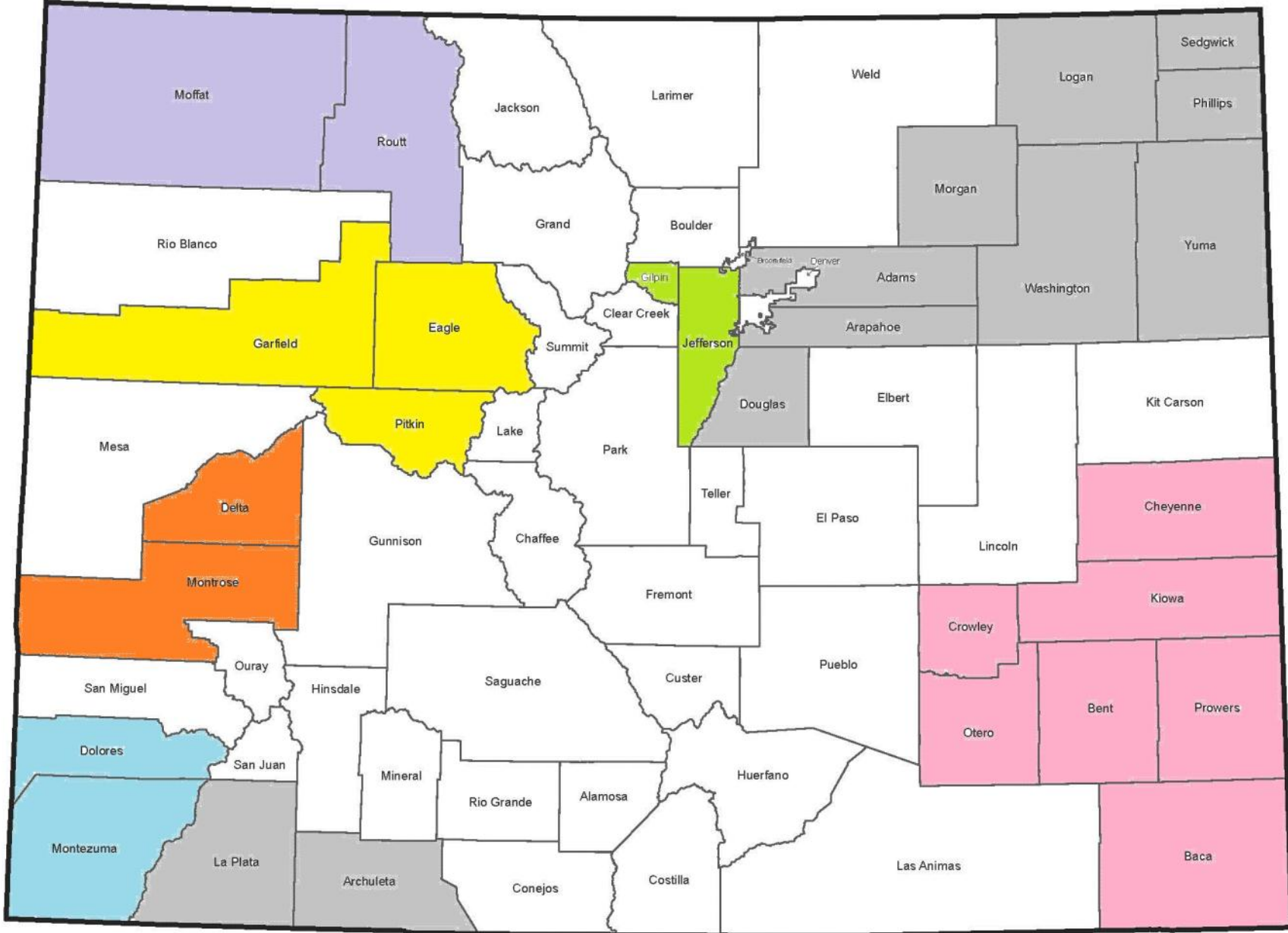
Data Regions



CTG – Statewide Grant



Tobacco Grant Proposals



CJSS Project

- Use
 - Sharing experience and successes/challenges
 - Understanding CJSS in Colorado
 - Exploring ways to support CJSS
- Research Issues
 - Quantitative doesn't get at the nuances
 - Qualitative is more difficult to monitor
 - Knowing regional approaches matters for measuring other aspects of public health work
 - “Monitoring” can happen at the local/state levels
 - Need clear ways to measure and categorize over time

CORE SERVICES PROJECT AND MPROVE

Core Services Project

- Purpose
 - Determine measures for core services to track, compare and connect to health outcomes.
- Methods
 - Select a set of measures to track core services changes
 - Collect/gather data from prior to the act and at future time points
- Data Sources
 - Baseline Review
 - Primary data collection
- MPROVE project to select and collect service data across multiple states fits well with this project.

MANY OTHER
OPPORTUNITIES ABOUND!

QUESTIONS?

COMMENTS?

Lisa N. VanRaemdonck, MPH, MSW

Executive Director

Colorado Association of Local Public Health Officials

lisa@calpho.org

303.861.4995

Other Meeting Agenda Items

Updates

- Protocol for grant-related questions, revisions, etc.
- Quarterly Network Update Calls
- NC Interviews Project- Nancy Winterbauer, North Carolina Public Health PBRN
- Multi-Network Practice Outcome Variation Examination Study (MPROVE)
- Urban Institute External Evaluation of RWJF PHSSR Activities
- PBRN Quick Strike research proposals
- Reminders on PBRN Dissemination Opportunities
 - *Frontiers in PHSSR*: <http://uknowledge.uky.edu/frontiersinphssr>
 - RE-ACT

Items for Dissemination

- Linked-In Group: <http://www.linkedin.com/groups?gid=4474347>

PBRN Quarterly Skill-Building Webinar

Monday, July 30, 2012 from 1-2:30pm ET

Developing Community-Based Grant Proposals: A Reviewer's Perspective (Anna Hoover)

This webinar will focus on the potential for leveraging community-based participatory research funding to support Public Health PBRN research. The webinar will include an overview of key participatory research literature, a discussion of two common types of participatory proposal errors, and a discussion of possible red flags for reviewers, all with an eye toward helping PBRNs develop strong, connected, highly-fundable participatory research projects.



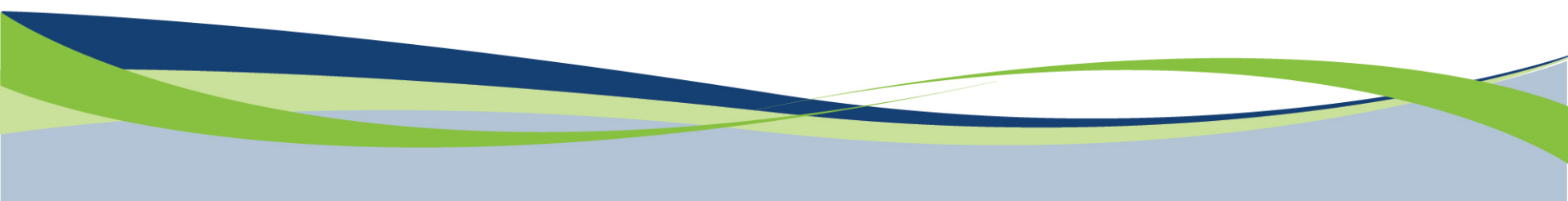
Other Meeting Agenda Items

August PBRN Events

- Monthly Virtual Meeting: August 16, 2012, 1:00-2:30pm ET
Presentation by Wisconsin PBRN

Upcoming Meetings of Interest

- 5th Annual National CTSA Community Engagement Conference,
August 23-24, 2012
- APHA Annual Meeting, October 27-31, 2012



Other Meeting Agenda Items

Grant reporting reminders

- Send to grantreports@rwjf.org , copy to PublicHealthPBRN@uky.edu
- RWJF guidelines for annual, final narrative reports & bibliography:
http://www.rwjf.org/files/publications/RWJF_GranteeReportingInstructions.pdf
- RWJF guidelines for financial reports:
http://www.rwjf.org/files/publications/RWJF_FinancialGuidelinesReporting.pdf
- RWJF guidelines for electronic submission standards for products and reports
www.rwjf.org/files/publications/RWJF_ElectronicSubmissions.pdf

For more information contact:

Glen Mays

glen.mays@uky.edu



111 Washington Avenue • Lexington, KY 40517

859.257.5678

[**www.publichealthsystems.org**](http://www.publichealthsystems.org)

